



07/21/2004 09:58 5404281721

KILYK BOWERSOX PLLC

PAGE 04

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1458  
Alexandria, Virginia 22313-1450  
or **Fax** (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7540 06/18/2004

KILYK & BOWERSOX, P.L.L.C.  
53A LEE STREET  
WARRENTON, VA 20186

East

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kim Blum	(Depositor's name)
<i>Kim Blum</i>	(Signature)
July 21, 2004	(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/488,762	01/21/2000	Tetsuo Watanabe	3190-004	4870

TITLE OF INVENTION: MEDICAL ADHESIVE TAPE OR SHEET, AND FIRST-AID ADHESIVE TAPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULCARY, PETER D	1713	429-446000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilyk & Bowersox,  
P.L.L.C.  
2  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nitto Denko Corporation

Osaka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized by charge any deficiencies or credit any overpayment, to Deposit Account Number 50-0925 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Luke A. Kilyk* (Date) July 21, 2004  
Luke A. Kilyk Reg. No. 33,251

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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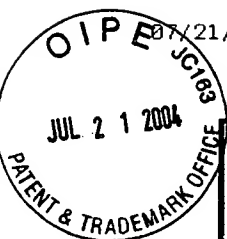
01 FC:1501  
02 FC:80011330.00 OP  
15.00 OP

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 4/4 \* RCVD AT 7/21/2004 9:52:40 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-2/0 \* DNIS:7464000 \* CSID:5404281721 \* DURATION (mm-ss):02-46



07/21/2004 09:58 5404281721

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PAGE 03

PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,345.00)

**Complete if Known**

Application Number	09/488,762
Filing Date	January 21, 2000
First Named Inventor	Watanabe et al.
Examiner Name	Peter D. Mulcahy
Art Unit	1713
Attorney Docket No.	3190-004

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit AccountDeposit Account Number  
Deposit Account Name

50-0925

Kilyk &amp; Bowersox, P.L.L.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	770	2001 385 Utility filing fee	
		1002	340	2002 170 Design filing fee	
		1003	530	2003 265 Plant filing fee	
		1004	770	2004 385 Reissue filing fee	
		1005	160	2005 80 Provisional filing fee	

SUBTOTAL (1) (\$0.00)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims Independent Claims	Extra Claims	Fee from below	Fee Paid
20**	X		
3**	X		

Multiple Dependent

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	2202 9 Claims in excess of 20
		1201	86	2201 43 Independent claims in excess of 3
		1203	290	2203 145 Multiple dependent claim, if not paid
		1204	86	2204 43 **Reissue independent claims over original patent
		1205	18	2205 9 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

\*\* or number previously paid, if greater. For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	2051 65 Surcharge - late filing fee or oath	
		1052	60	2052 25 Surcharge - late provisional filing fee or cover sheet	
		1053	130	1053 130 Non-English specification	
		1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
		1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
		1251	110	2251 55 Extension for reply within first month	
		1252	420	2252 210 Extension for reply within second month	
		1253	950	2253 475 Extension for reply within third month 1 <sup>st</sup> Month EOT Previously Paid	
		1254	1,480	2254 740 Extension for reply within fourth month	
		1255	2,010	2255 1,005 Extension for reply within fifth month	
		1401	330	2401 165 Notice of Appeal	
		1402	330	2402 165 Filing a brief in support of an appeal	
		1403	290	2403 145 Request for oral hearing	
		1451	1,510	1451 1,510 Petition to institute a public use proceeding	
		1452	110	2452 55 Petition to revive - unavoidable	
		1453	1,330	2453 665 Petition to revive - unintentional	
		1601	1,330	2501 665 Utility issue fee (or reissue)	1,330.00
		1502	480	2502 240 Design issue fee	
		1503	640	2503 320 Plant issue fee	
		1460	130	1460 130 Petitions to the Commissioner	
		1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
		1806	180	1806 180 Submission of Information Disclosure Stmt	
		8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
		1809	770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810	770	2810 385 For each additional invention to be examined (37 CFR 1.129(b))	
		1801	770	2801 385 Request for Continued Examination (RCE)	
		1802	900	1802 900 Request for expedited examination of a design application	

Other fee (specify) 5 copies of Patent @ \$3.00 ea.

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$1,345.00)

**SUBMITTED BY**

Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251	Telephone	1-540-428-1701
Signature				Date	July 21, 2004

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July 21, 2004.

Kim Blum

Name (Print)

Signature



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\*Admitted only in states indicated

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**FACSIMILE TRANSMISSION COVER SHEET**

DATE: July 21, 2004

TO: Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 09/488,762  
For: MEDICAL ADHESIVE TAPE OR SHEET, AND FIRST-AID ADHESIVE TAPE  
Our Ref: 3190-004

FROM: Luke A. Kilyk, Esq. *Yb*

FAC. TEL. NO.: 1-703-746-4000

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 4

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